



# MAINE STATE BOARD OF NURSING

161 Capitol Street • 158 State House Station  
Augusta, Maine 04333-0158  
(207) 287-1133

## APPLICATION FOR EXAMINATION AND LICENSE AS A REGISTERED PROFESSIONAL NURSE

**DO NOT WRITE IN THIS SPACE**

Application Approved by Board of Nursing:

Application Received \_\_\_\_\_

Fee: ☐ CC ☐ Cash ☐ Check ☐ MO \_\_\_\_\_

Examination Date \_\_\_\_\_

Re-examination Date(s) \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ License Date \_\_\_\_\_

Chair

Executive Director

Date

### INSTRUCTIONS

An applicant must submit to the Board of Nursing office the following:

1. application form completed in ink or typewritten and properly notarized with signature in applicant's handwriting, and
2. fee of \$75 in the form of Visa/Mastercard, U.S. check or money order in U.S. funds, made payable to the Treasurer of State of Maine, and
3. recent passport type photograph (2x2 and not more than two years old), signed and dated, and enclosed with the application form and
4. transcripts (for out of state programs only)

It is imperative that you supply us with your entire name, including any and all previously used names. If you do not have middle, maiden, or previous names, then you must write NONE in the appropriate space.

**THE APPLICATION FEE IS NOT REFUNDABLE**

### SECTION I. PROFILE INFORMATION

Print legal name \_\_\_\_\_  
(first) (full middle) (maiden) (last)

List any other names used previously \_\_\_\_\_

Mailing address\* (street) \_\_\_\_\_

**\*This is considered your public contact address.**

\_\_\_\_\_  
(city) (county) (state and zip code)

Residential address (if different from above) \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_  
(home) (mobile) (business)

Email address \_\_\_\_\_ Social Security #: \_\_\_\_\_

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(city/state) (month/day/year)

High School \_\_\_\_\_  
(name and location)

Date of Graduation \_\_\_\_\_ G.E.D. ☐ YES ☐ NO Date of G.E.D Diploma \_\_\_\_\_

**SECTION II. BASIC NURSING EDUCATION**

School of Professional Nursing \_\_\_\_\_  
(name)

\_\_\_\_\_  
(address)

Date of Entrance \_\_\_\_\_ Date of Graduation \_\_\_\_\_ Length of Program\* \_\_\_\_\_

*\*If program is less than 2 years, please give details on a separate piece of paper (i.e. if you have a previous degree)*

Diploma ☐ Associate ☐ Baccalaureate ☐ Masters ☐ Doctoral ☐ Certificate

Have you ever been licensed as a practical nurse? ☐ YES ☐ NO

If YES, indicate state(s), date(s), of licensure and license number(s).

**SECTION III. TO BE COMPLETED BY ADMINISTRATIVE OFFICER OF SCHOOL OF NURSING**

I hereby certify that \_\_\_\_\_ has successfully completed the prescribed  
(applicant's name)

nursing education program on \_\_\_\_\_ and will graduate on \_\_\_\_\_  
(month/day/year) (month/day/year)

\_\_\_\_\_  
(signature)

**SCHOOL SEAL**

\_\_\_\_\_  
(title)

**SECTION IV. EXAMINATION HISTORY**

Have you ever taken an examination for registered nurse licensure?

☐ YES ☐ NO If YES, indicate state(s) and date(s).

**SECTION V. DISCIPLINARY INFORMATION**

- A. Has **any** licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? ☐ YES ☐ NO
- B. Is there any complaint pending against your license in any state or jurisdiction? ☐ YES ☐ NO
- C. Have you ever been disciplined for problems resulting from a physical illness or condition? ☐ YES ☐ NO
- D. Have you ever been disciplined for problems resulting from mental illness? ☐ YES ☐ NO
- E. Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug? ☐ YES ☐ NO

- F. Have you ever been disciplined for problems resulting from chemical dependency? ☐ YES ☐ NO
- G. For any criminal offense, including those pending appeal, have you: *(please circle below all that apply)* ☐ YES ☐ NO
- a. Been convicted of a misdemeanor?
  - b. Been convicted of a felony?
  - c. Pled nolo contendere, no contest, or guilty?
  - d. Received deferred adjudication?
  - e. Been place on community supervision or court-ordered probation, whether or not adjudicated guilty?
  - f. Been sentenced to serve jail or prison time? court ordered confinement?
  - g. Been granted pre-trial diversion?
  - h. Been arrested or have any pending criminal charges?
  - i. Been cited or charge with any violation of the law? *(other than parking tickets and/or other traffic violations)*
  - j. Been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?
- H. Are you currently the target or subject of a grand jury or governmental agency investigation? ☐ YES ☐ NO

**NOTE:** If you answered "YES" to questions A-G listed above, attach a letter of explanation that is dated and signed indicating the circumstance you are reporting to the Board. If you answered "YES" to questions G or H, you must also attach the document(s) showing the disposition of the case(s).

## SECTION VI. DECLARATION OF LEGAL RESIDENCE

- A. I declare that the State of \_\_\_\_\_ is my primary state of residence as of \_\_\_\_\_ (date) and that such constitutes my permanent and principal home for legal purposes. ("Primary state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile.)
- B. Upon licensure in Maine, in which state(s) do you intend to practice?
- C. Are you currently employed in the U.S. Military (Active Duty) or the U.S. Federal Government? ☐ YES ☐ NO

### TAPE TOP ONLY

one recent photograph

Sign back of photo and indicate year taken

Photo must be:

Full face view

Passport type

← 2 x 2 only →

Clear and recognizable likeness

I, the undersigned, being duly sworn, say that I am the person referred to in this application for licensure in the State of Maine, that the statements contained herein and on all attachments are true and correct in every respect, that I have complied with all requirements of the law, and that I have read and understand this affidavit.

Signature of Applicant \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public \_\_\_\_\_

(SEAL)

My commission expires \_\_\_\_\_ in and for the State of \_\_\_\_\_